

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-021182

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 149

FILED MAY 24 1963

VS 300
Rev. 4/59

1 0928

2 0920

3 2

4 1

5 1

6 0

7 0

8 0

9 X

10 109

11 1-0

12 4-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Charles</u>		c. CITY OR TOWN <u>OFallon</u>	
Length of stay in 1b <u>1 day</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>OFallon, RR 1</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Arline Elizabeth Schanuth</u>		4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/27/1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Duties</u>	
11a. FATHER'S NAME <u>William J. Zollmann</u>		11b. MOTHER'S MAIDEN NAME <u>Frances E. Bishop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mr. Wm. J. Zollmann-Foristell</u>		Address <u>Mo. RR 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Spinal fracture - Anterior Compression</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Trauma</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>1 car accident - lost control when passing</u>	
20c. TIME OF INJURY Hour <u>5</u> a.m. <u>12</u> p.m. <u>63</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>motorist sounded horn. 4 passengers suffered minor injuries not hospitalized</u>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>WARRENTON, OR</u> <u>WARREN MO.</u>		
21. I attended the deceased from <u>5-12-63</u> to <u>5-13-63</u> and last saw her alive on <u>5-12-63</u> Death occurred at <u>1 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>OK, June M.D.</u>		22b. ADDRESS <u>340 N Main St Charles Mo</u>	
22c. DATE SIGNED <u>5-15-63</u>		22d. LOCATION (City, town, or county) (State) <u>Wentzville, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial - Removal</u>	23b. DATE <u>5/16/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	
24. FUNERAL DIRECTOR <u>T.E. Pitman Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5/15/63</u>	
26. REGISTRAR'S SIGNATURE <u>Mary E. Jackson, Act. L. Reg.</u>		27. ADDRESS <u>309 Pitman Ave. Wentzville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 27 1963

60000
60000

1
1

0
0

PO
0-1
0-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carlton J. Pitman

Licensed Embalmer No.

4974

P. O. Address

Centerville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.